

## FY 2003 GENERAL INFORMATION PAGE

TRIBAL ORGANIZATION:

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MAILING ADDRESS:

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PROJECT DIRECTOR:

ADDRESS:

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PHONE:

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EMAIL (if available):

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CONTACT PERSON

(if additional information is needed):

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PHONE:

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FUNDS REQUESTED (each year if applicable):

|       |                    |
|-------|--------------------|
| _____ | 1 <sup>st</sup> yr |
| _____ | 2 <sup>nd</sup> yr |
| _____ | 3 <sup>rd</sup> yr |

PROJECT PERIOD (how long will project take):

|      |       |       |
|------|-------|-------|
| 1 yr | 2 yrs | 3 yrs |
|------|-------|-------|

PROJECT TYPE:

Feasibility

Planning

Evaluation

HMS

PRIORITY GROUP:

Priority I

Priority II

Priority III